SIGNATURE:

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State # DIVISION OF CORPORATIONS 1996 P95000056493 (6) **DOCUMENT #** Corporation Name BUCKLAND, INC. Mailing Address Principal Place of Business 12954 BUCKLAND COURT 12954 BUCKLAND COURT WELLINGTON FL 33414 WELLINGTON FL 33414 3a. Date of Last Report 3. Date Incorporated or Qualified 07/13/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No Country Zip Ζiρ Country 30 29 25 24 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) CAMPAGNUOLO, JOHN 82 12954 BUCKLAND COURT 83 **WELLINGTON FL 33414** 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and €07.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. #sOTE: Biogistero LAger tisignature Signature Typed or protect han elof registered agrant and the diagnosts of ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Add-tion DELETE 1. 1 TITLE TITLE 1.2 NAME CAMPAGNUOLO, JOHN NAME 13 STREET ADDRESS 12954 BUCKLAND COURT STREET ADDRESS **WELLINGTON FL 33414** 1.4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2 1 [1][E TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CITY - 64 - ZIP CITY-ST-ZIP Addition Change □ DELETE 3 1 TITLE. . TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 Till: F TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 C-1Y-ST-ZIP CITY-ST-ZIP [] Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY-ST-ZIP City - ST - ZiP 500001778295°° -04/12/96--01042--005 ☐ Addition DELETE 6.1 HitE TITLE 6.2 NAME NAME ***200.00 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changild, or organ attachment with an address

TOHN CAMPBONUOLO

CR2E034 (12/95)